

Addiction to Diazepam (Valium)

SIR,—Prominence has recently been given to the phenomenon of addiction to so-called innocuous drugs.¹ The following is a case report of addiction to such a drug—namely, diazepam, a preparation which is being used widely in general practice and in psychiatry.

The patient concerned was a 23-year-old woman, who was referred with symptoms attributable to an anxiety state. Prior to admission to hospital she had been taking diazepam for one year, initially in a dosage of 5 mg. t.d.s., but eventually to the extent of approximately 60 mg. daily. On the latter dosage the patient achieved the same therapeutic effect which earlier was obtained by the administration of 15 mg. daily. Thus a considerable degree of tolerance had developed.

Several days after admission the patient began to crave for her erstwhile anxiolytic agent, and exhibited agitation, tremulousness, and hyperhidrosis, complaining in addition of extreme dryness of the oropharynx. These withdrawal symptoms abated after two to three days' administration of chlorpromazine, although some psychological dependence continued to manifest itself.

Scher² has recently drawn attention to addiction to "minor" tranquillizers, including, among others, diazepam. The present case report, with the demonstrated tolerance, psychological dependence, and physical withdrawal symptomatology, adduces further testimony to this phenomenon.—I am, etc.,

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Osteomalacia in Northern India

SIR,—We have read with interest letters from Mr. R. Bendall (30 July, p. 300), Mr. D. J. C. Felton and Dr W. D. Stone (18 June, p. 1521), and Mr. W. O. Goldthorp (2 July, p. 51) who reported cases of osteomalacia occurring in Asian immigrants. All their patients hail from the Punjab and the adjoining areas of West Pakistan.

Although the frequency of nutritional osteomalacia in this part of the country was pointed out many years ago,¹⁻³ in recent years it has disappeared into oblivion. Many clinicians, including orthopaedic surgeons in this country, seem to believe that the disease is rare. We are interested in the problem and are struck by the high incidence of the disease in our population in this part of the country.

Three to four new cases of osteomalacia are discovered in a week in the outpatient department of our unit and we admit over 60 cases of advanced osteomalacia per year. It is worth pointing out that most of the early or moderately affected cases of osteomalacia either do not attend the hospital or remain unrecognized because of vague complaints, and are mostly diagnosed as psychogenic rheumatism, arthralgia, lumbago, etc. The majority of patients coming to the hospital complain of pain in the back and legs, but over 10% present for the first time as tetany and 20% are discovered in pregnancy. Biochemical, radiological, and biopsy (decalcified and undecalcified bone) studies have clinched the diagnosis. The cause of osteomalacia in over 90% of cases is nutritional. Steatorrhoea and renal lesions account for the rest.

The pathogenesis of these cases of nutritional osteomalacia is far from clear. Most of these patients are women (90%) in the reproductive period, but the factor of repeated pregnancies (more than two) is contributory in only about 25% of the cases. The intake of calcium in their diet is 300–400 mg./diem, but this is not very different from that of normal subjects of comparable age, sex, and social background. We feel that nutritional deficiency alone may not be the entire explanation.

There are many facets of the problem which are not yet clear. Why is osteomalacia confined to females in the reproductive period? Is there something in the male which protects him from this disease? Is it true that it is much less common in other parts of this country or other countries where similar socio-economic conditions prevail? Is there a genetic factor which determines the sensitivity to vitamin D?—We are, etc.,

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Prolonged Intubation and Subglottic Stenosis

SIR,—Dr. T. H. Taylor and others (12 November, p. 1199) in their letter on prolonged intubation and subglottic stenosis point out that their report of a case (20 August, p. 451) was of a 5-year-old child and not an infant. Nevertheless, I am concerned mainly with stenosis in infants, in whom the intubation technique is being used extensively, and in whom complications, when they occur, are of a much more serious nature. The pathogenesis of laryngeal injuries following prolonged intubation has been well documented.¹

The use of prolonged intubation in infants mainly with hyaline membrane disease or following cardiac surgery was pioneered largely at the Hospital for Sick Children, Toronto.² Reporting on 72 children intubated for more than eight hours over a 12-month period they found that 27 suffered laryngeal damage. Early complications included severe crusting, severe subglottic obstruction, tracheal bleeding, and pneumothorax. Late complications—stenosis, glottic webbing, persistent croup, and aphonia occurred in 11 cases—including 6 (that is, 8%) with severe subglottic stenosis.

It may be said that by careful selection of the type and size of tube complications can be avoided, and yet since my last letter (1 October, p. 826) I have had a further case with severe complications. In this case not only are the vocal cords adherent to each other but on separating them there is complete obstruction of the subglottic airway with no visible mucosa whatsoever. I am assured that the tubes we are using are "non-irritating," and of appropriate size and length. The Toronto report shows that there were 497 survivors out of 504 tracheostomies performed on children over a 12-year period. They do not report the cause of death during tracheostomy. Two deaths occurred owing to the tube slipping out of position, a com-

plication which is also reported with the nasal endotracheal intubation technique. They also report that tracheostomy caused not one serious irreversible complication in any of the survivors.

Careful reading of my letter (1 October, p. 826) will show that I did not claim that complications following tracheostomy are rare. However, I believe that they should be rare with good technique. Unfortunately it seems to me that severe complications following prolonged intubation continue to occur even with what appears to be good technique, as evidenced by our most recent case.—I am, etc.,

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Suicide and the Samaritans

SIR,—I have read with interest the letter (31 December, p. 1655) by Dr. Colin Berry under the heading "Suicide and the Samaritans," in which he describes how he has tried to assess whether the Samaritan organization serves a useful role. To this end he has interviewed 111 patients who were admitted to hospital following suicidal attempts, and found that only two of these patients had sought help from the Samaritans. From his findings Dr. Berry concludes that "doubts will remain about their efficacy in reducing suicide and attempted suicide rates."

This is, however, an invalid conclusion, since it cannot properly be drawn from the evidence obtained in the investigation. It is directly analogous to an attempt to assess the value of a drug in persons who have never received it. In addition, the fact that the patients under investigation have already made an attempt to commit suicide places them in a selected group and would prejudice the findings. Though I would agree that a properly conducted evaluation of the Samaritan service would be most useful, it does not appear to have been done here.—I am, etc.,

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SIR,—I read with interest Dr. C. Berry's account of patients admitted to hospital after a suicidal attempt (31 December, p. 1655), some details of which he had already shared with us.

The Samaritans are attempting to gather data on a national scale about those who contact us to serve as a basis of the sort of study which Dr. Berry has in mind. It is often difficult for us to obtain information from which any satisfactory inference can be made, as our methods of working rule out any formal or systematic questioning of those who come to us, and the closeness of contact varies greatly.

It is none the less our impression that a great many of our clients are or have been suicidal. Many have attempted suicide in the past; some do attempt it or commit it during the period of their contact with us. It is in all cases, it seems, the word "suicide" in our advertisements which brings them to see us. It is true that in many cases where the